

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107019116** FILING DATE **21 DEC 2001**

APPLICANT *Rumagama*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2			/				52		/				
3			/				53		/				
4			/				54	/					
5			/				55	/					
6			/				56		/				
7			/				57		/				
8			/				58	/					
9			/				59		/				
10			/				60		/				
11			/				61		/				
12			/				62		/				
13			/				63		/				
14			/				64		/				
15			/				65	/					
16			/				66	/					
17			/				67		/				
18			/				68	/					
19			/				69	/					
20			/				70	/					
21			/				71	/					
22			/				72	/					
23			/				73	/					
24			/				74		/				
25			/				75	/					
26			/				76	/					
27			/				77		/				
28			/				78	/					
29			/				79	/					
30			/				80	/					
31			/				81	/					
32			/				82	/					
33			/				83		/				
34			/				84		/				
35			/				85		/				
36			/				86		/				
37			/				87		/				
38			/				88		/				
39			/				89		/				
40			/				90		/				
41			/				91		/				
42			/				92		/				
43			/				93		/				
44			/				94		/				
45			/				95		/				
46			/				96		/				
47			/				97		/				
48			/				98		/				
49			/				99		/				
50			/				100		/				
TOTAL IND.			5				TOTAL IND.	18					
TOTAL DEP.			45				TOTAL DEP.	11					
TOTAL CLAIMS			50				TOTAL CLAIMS	29					

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